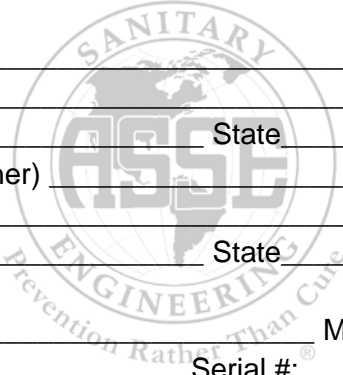


# ASSE International

## Spill Resistant Vacuum Breaker (SRVB)

### ASSE Standard #1056 Field Test Report



Owner of Property \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Occupant of Property (if different from owner) \_\_\_\_\_  
 Occupant Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Manufacturer of Assembly: \_\_\_\_\_ Model #: \_\_\_\_\_  
 Size of Assembly: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Location of Assembly and Equipment or System Application: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Test Equipment:  
 Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_  
 Calibration Date: \_\_\_\_\_  
 Date test was performed: \_\_\_\_\_ Time test was performed: \_\_\_\_\_ Static Line Pressure: \_\_\_\_\_

	Air Inlet Valve	Check Valve	Shut Off #2
<b>Initial Test</b>	Failed to Open _____ Opened at _____ psid	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 _____ psid	Leaking ( ) Closed Tight ( )
<b>Describe parts and repairs when needed</b>			
<b>Final Test</b>	Opened at _____ psid	Leaking ( ) Closed Tight ( ) Pressure Drop Across Check Valve #1 _____ psid	Leaking ( ) Closed Tight ( )

Certified Tester (print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 License #: \_\_\_\_\_ Certification # \_\_\_\_\_

**Assembly Final Test Performance**

Pass

Fail

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments or Recommendations (continue to other side, if needed):** \_\_\_\_\_  
 \_\_\_\_\_